# 123000282639

(Requestor's Name)
(Address)
(1.10.000)
(Address)
(City/State/Zip/Phone #)
(OK) Otate/21ph Hatte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky Name)
(Document Number)
Continued Copies Contilientes of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to rining officer.

Office Use Only

524-



300411094033

06/26/23--01028--00i **\*\***55.00

of 10/17/2023

### **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: CAM	PHOUSE EXC	otics 16	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Kephat	Name of Person	
		Firm/Company	
	9301 cresi	CENT LOOP CICI	AP+ 104
	Tamla, F	City/State and Zip Code	
	Millen Kepl	n @ M L Com o be used for future annual report notifi	cation)
For further information con	eerning this matter, please ca	all:	
Kerhat Name of F	Mil LO Person		- 2351 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	X \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



August 9, 2023

KEPHAT MILIEN 9301 CRESCENT LOOP CIRCLE APT 109 TAMPA, FL 33619

SUBJECT: CAMPHOUSE EXOTICS LLC

Ref. Number: L23000282639

We have received your document for CAMPHOUSE EXOTICS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the complete street address for the managers/members listed in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 723A00018086

DET 23 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Camphouse exa	Hics IIC		25 M 7:56
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on nited Liability Company)	on our records.)	S LIFE
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2300262634</u> .	pany were filed on <u>\begin{aligned} \begin{aligned} ali</u>	112/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	<u>3</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRES.			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our rec	ords, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:	Entar Florid	a street address	
	Emer Floriae		
	City	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Kelvin lope	7105 Cumberians Place	<u>C</u> ⊠Add
		Tampa F1, 33617	□Remove
		<u>.</u> .	Change
MOR	Kelhat Milien	9301 Crescent loop Cig Tampa F1, 33619	i≸Add
		Tampa F1, 33619	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Ađd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

, <u>s</u> , .	•
•	
•	
•	
	*
Effect	ive date, if other than the date of filing: (optional)
lf an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is f	led.
Dated	06/21/2023 2023
	M-AMas Lain
	- FUITOUM L
	Signature of a member or authorized representative of a member